

04-05-07
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37903 7590 03/28/2007

DAWN JANELLE AT
BIOMEASURE INC.
27 MAPLE STREET
MILFORD, MA 01757

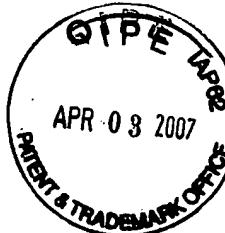
04/05/2007 LHONDIH2 00000060 500590 10771725

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

13 APPLICATION NO.	6.00 DA FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/771,725 02/04/2004 Christophe Alain Thurieau 082/US/PCT2/US-A 4960

TITLE OF INVENTION: IMIDAZOLYL DERIVATIVES



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Dawn MacPherson	(Depositor's name)
<i>Dawn MacPherson</i>	(Signature)
4-4-2007	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	06/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
TUCKER, ZACHARY C	1624	514-254050

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Fish & Richardson 2 Alan F. Feeney 3 Tony K. Uhm
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Societe de Conseils de Recherches et
d'Applications Scientifiques, SAS Paris, FRANCE
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input checked="" type="checkbox"/> Advance Order - # of Copies 2	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0590 (enclose an extra copy of this form).

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Authorized Signature

Date 3/4/2007

Typed or printed name Alan F. Feeney

Registration No. 43,609

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